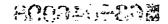
MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC HEALTH AND WEL 38 Primary Registration District No. 3666 Registrar's No. 88 DO NOT WRITE AMENDED ON THIS STUB 1 PRAKE BE BEATH AN 6 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before b. county Boone a. COUNTY Boone VS 300 a. STATE admission) AMENDED Missour Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of slay in 1b c. CITY Inside Limits OR TOWN Columbia TOWN Lifetime Columbia Yes □ No □ c. FULL NAME OF (If NOT in hospital, give location) 0109 Inside Limits d. STREET (If cutside, give location) Reside on Farm HOSPITAL OR 805 Range Line 805 Range Line Yes 🕅 No □ Yes I No I 3. NAME OF DECEASED First Middle 4. DATE Day Year (Type or print) LUTHER ELMER ARMSTRONG DEATH December 29, 1963 9. AGE (last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HR 5. SEX 6. COLOR OR RACE 7. Married T. Never Married T 8. DATE OF BIRTH Male Widowed [Divorced [7] White և–1–1891 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) RETIFED FARMER Boone Co. Missouri U.S.A. Farming 136. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 13a, FATHER'S NAME Nellie E. Proctor Susan A. Smith James W. Armstrong 16. SOCIAL SECURITY NO. 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates o Mrs. Luther E. Armstrong, Columbia, Mo ARE 18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Arterios clerotic Heart Dice IMMEDIATE CAUSE (a) ᆼ

20/09 10 CORD 11 ٥ DUE.TO (b) Conditions, if any, which gave rise to NST above cause (a), DUE TO (c) lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was there a pregnancy in last 90 days. disease condition given in PART I (a) AMENDMENTS □ Unknown 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART 1 or PART 11 of item 18.) 20a. ACCIDENT SUICIDE HOMICIDE 19. WAS AUTOPSY PERFORMED? YES | NO M Month, Day, Year 20c. TIME OF ΉO RIBBON INJURY a.m. USE BLACK INK COUNTY 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d, INJURY OCCURRED farm, factory, street, office bldg., etc.) WHILE AT WORK NOT WHILE AT WORK **TYPEWRITER** READ 21. I attended the deceased from the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at SHOULD 22c. DATE SIGNED Ö AFFIDAVIT (State) 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, 23b. DATE Š Boone County, Missouri REMOVAL (Specify) Fairview Cemetery Burial 25. DATE RECD. BY LOCAL REG. | 26. REGISTRAR'S SIGNATURE TEM 24. FUNERAL DIRECTOR Parker Funeral Service, Columbia, Mo. Dec (Licensed Embalmer's Statement on Reverse Side)



STATEMENT BY LICENSED EMBALMER

or by	<u>, </u>		, Student Embalmer No		
working under my personal supervision.			D. MPRDA		
Studen	nt		Signed	la loberta	
	Signature of Student Embalmer				
		, -	•	Licensed Embalmer No. 4722	
-		7		011-9~	
•	A CAMPAGE AND A STREET OF THE STREET	48.0		P. O. Address	

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above: